

*RUSSELL COUNTY GOVERNMENT
DIVISION OF OCCUPATIONAL TAX
PO BX 7
JAMESTOWN, KY 42629
270-343-1404
270-343-2134 (FAX)*

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Tax Administrator. (OAG85-1) Kentucky Attorney General states that the Occupational Tax Office must let persons inspect records pertaining to principal business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filing the application. Answer all applicable questions:

FOR BUSINESS USE ONLY:

Name of business or trade name: _____

Business Street Address
(Russell County Address) _____

City, State, Zip: _____

Mailing Address _____
(To receive quarterly and annual forms)

City, State, Zip: _____

Telephone number: (_____) _____ Fax number: (_____) _____

Date operations started in Russell County: _____ Approximate Number of Employees _____

Nature of Business: _____

Type of Business: _____ Corporation _____ S Corporation _____ Partnership _____ Individual _____ Farm
LLC _____ Religious or Non-Profit Organization _____ Other (Please specify) _____

Federal Tax I.D.# _____ Accounting period: _____ Calendar year (December 31st) _____ Fiscal year (month _____)

List previous owner's name and address: _____

List contact person(s) name(s) _____ telephone# _____

*INDIVIDUAL USE ONLY: (FOR THOSE PERSONS WHOSE EMPLOYER DOES NOT WITHHOLD QUARTERLY TAXES:
FEDERAL EMPLOYEES INCLUDING UNITED STATES POSTAL SERVICE)*

Name: _____ Address _____

City, State, Zip: _____

Federal Agency/Business for which you work and address: _____

Start date _____ Social Security # _____

Telephone number (Agency) _____ (Home) - _____

CONTRACTORS: List All Subcontractors Working under You on this or *any* Job in Russell County. (Use additional sheet if necessary)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Title _____ Date FORM APPL _____